



## **ADDRESS CHANGE REQUEST**

### **INSTRUCTIONS**

An address change on a current Drug Enforcement Administration (DEA) registration can be made on this form. Complete the form below in its entirety. Once completed, **sign** the form, make a copy for your records, and **mail or fax** this form to your **local Diversion Office**. Visit the Offices & Directories section of the website to locate the local office for your **NEW** address. Failure to include the required information may result in a delay in the change requested.

If you are a practitioner and you are moving to a different state, your request must include a copy of the state license for the new address, along with the state controlled substance license if applicable.

DEA Registration Number: \_\_\_\_\_

Registrant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

Date of Relocation: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Contact (Individual's Name): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### **For Practitioner's with a state change:**

New State License Number: \_\_\_\_\_

New State Controlled Substance Number (If applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(A signature **IS REQUIRED** to process this form.)